DOCUMENT RESUME

ED 278 759 UD 025 339

AUTHOR Byerly, Carolyn
TITLE Sexual Assault: Guidelines for Intervention by Educators.
INSTITUTION Washington Office of the State Superintendent of Public Instruction, Olympia. Office for Equity Education.
PUB DATE Apr 85
NOTE 21p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Administrator Role; *Child Abuse; *Intervention; *Legal Responsibility; *Sexual Abuse; *Teacher Role; Victims of Crime
IDENTIFIERS *Washington

ABSTRACT

This guide explains the role of educators in dealing with cases of child sexual abuse. It provides general information on the causes and consequences of the problem, suggests ways of assisting children more effectively, and explains educator's legal requirements under Washington State law for reporting child abuse. Child sexual abuse is a general term that encompasses many forms of physical and non-physical sexual exploitation. Like adult rape victims, abused children may exhibit either an "expressed" or a "controlled" emotional reaction. The effects may be visible immediately or long after the occurrence. The indicators for each child's sexual abuse may vary with the age of the child and the child's emotional make-up (a number of indicators are listed). Procedures for questioning a child who may have been abused, and for reporting a case to the proper authorities, are suggested. General facts about sexual abuse are outlined, and the implications for educators of theories about the roots of child sexual abuse are discussed. (KH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED278759

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

F.B. Brouillet

WA Supt. Pub. Instr.

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

2/6/87

SEXUAL ASSAULT
Guidelines For Intervention By Educators

Dr. Frank B. Brouillet
Superintendent of Public Instruction
Old Capitol Building
Olympia, Washington 98504

State of Washington

Superintendent of Public Instruction

DR. FRANK B. BROUILLET
Superintendent

MONA H. BAILEY
Assistant Superintendent
Division of Instructional
Programs and Services

WARREN H. BURTON
Director
Office for Multicultural/Equity Education

GENE CANQUE LIDDELL
Program Supervisor
Office for Multicultural/Equity Education

Prepared by Carolyn Byerly
under a contract from the
Superintendent of Public Instruction

Reprinted June, 1983
Reprinted March, 1984
Reprinted April, 1985

A NEW ERA: Note to Educators

The sexual abuse of children, like other forms of interpersonal violence, has been an historical problem in our culture. Children, long considered the property of their parents and subject to obey other adults as well, have, until recently, had little recourse to exploitation.

Fortunately, however, a decade of advocacy movements to promote children's rights and well-being and to stop sexual abuse and rape has created a new climate of opinion where child sexual abuse is no longer tolerated.

Putting an end to child sexual abuse requires the participation of everyone: parents, helping professionals, law enforcement officers, prosecutors, judges, counselors, doctors, educators. Each of these populations sees children in certain situations where a child's behavior or verbal interaction might disclose the painful secret of sexual abuse. To see and hear these messages, we must educate our minds and senses to children's myriad ways of communicating. And, next, we must train ourselves to act sensitively and decisively in their behalf.

This booklet will be a helpful guide to educators in their efforts to increase their knowledge of the problem, assist children more effectively, and meet their legal requirements under the law for reporting child abuse. An additional section suggests ways that educators can begin to develop self-protection information for the classroom so that children can better prevent their own abuse.

THE ROLE OF EDUCATORS IN DETECTING AND INTERVENING IN SEXUAL ABUSE

Except for parents themselves, educators probably spend more time with children than any other adults. Before she or he graduates, the average child spends 18,000 hours in the classroom. Teachers, and other school personnel, are then in a key position to know their students, observe them, build trusting relationships, and assist them when crises emerge in their lives.

Teachers, counselors, nurses, and principals can spot a troubled child. Yet it is typically the manifestation of the problem (usually behaviorial or learning problems) rather than its origin, that becomes the focus of attention and effort.

There must be a new shift in emphasis if we are to identify and intervene in abuse. Sexual abuse, like other forms of violence, can no longer remain personal matters left to the privacy of families and individual lives. We must address sexual abuse more directly if this is to be stopped.

In fact, Washington State Law (RCW 26.44) requires that these persons must report suspected child abuse: medical practitioners, professional school personnel (including but not limited to teachers, counselors, administrators, child care facility personnel, and school nurses), social workers, licensed psychologists, pharmacists, and employees of the Department of Social and Health Services. Persons who report suspected child abuse or who give testimony in child abuse cases are immune from civil or criminal liability. Failure of any of these persons to report child abuse, if they have evidence or suspicion, is a misdemeanor.

Most Washington State school districts now have written policies regarding the handling of child abuse cases, in line with directives from the Washington State Superintendent for Public Instruction. This organized, systematic approach to the address of sexual and other child abuse has been essential in promoting responsible action on the part of educators.

Beyond district policy, however, the final responsibility really comes to rest with the individual professional. The key ingredients of responsible action for professionals are these: 1) understand the social context in which sexual abuse of children flourishes, 2) know the effects that sexual abuse has on children, 3) become familiar with the indicators, 4) learn your district's child abuse policies, 5) know the Child Protective Service reporting procedure, 6) learn the tools for intervening with children you identify, 7) know how to be supportive in a long-term way to children you know have been abused.

WHAT IS CHILD SEXUAL ABUSE?

"Sexual Abuse" is a general term that encompasses many forms of physical and non-physical sexual exploitation. "Child Sexual Abuse" means sexual abuse of someone 18 years or younger.

Sexual abuse as defined by law includes:

- Molestation, or sexual touching other than intercourse.

- Rape, or forcible sexual intercourse without mutual consent. Intercourse means the penetration of the vagina or anus by a penis or other object, or the mouth by a sexual organ.

-Incest, or any sexual contact between family members in which the adult (or relative four years older) seeks or gains sexual excitement or gratification through the child. This may include fondling, manual or oral manipulation of the genitals, or intercourse. Family members include fathers, mothers, grandparents, aunts, uncles, brothers, sisters, cousins, adoptive and step-relations.

Sexual abuse, however, may also take non-physical forms:

-Verbal comments or harassment, which concern a child's sexuality, parts of the body, embarrassing and exploitive. Over a period of time, such comments can have the same effect as physical forms of sexual abuse.

-Voyeruism (i.e., the "peeping tom"), which might involve watching a child undress, staring at a child's genitals or breasts, or similar behavior.

-Exhibitionism or Exposure, which involves one person displaying his genitals to another, often in a public or semi-public place.

-Obscene Phone Calls, which might be a one-time occurrence or continued over a period of time.

Any of these forms of sexual abuse will bring about serious trauma for a child. Prolonged over a period of months or years, the trauma may transform a normal child into one beset by severe emotional problems, learning disabilities, anti-social, and even self (or other) destructive behavior.

THE EFFECTS OF CHILD SEXUAL ABUSE

Short-Term Effects

Ann Burgess, R.N., and Lynda Holstrom, Ph.D. coined the term "Rape Trauma Syndrome" in their book Rape: Victims of Crisis (1972), which published the conclusions of their interviews with more than 600 rape victims in Boston. Their later work Sexual Assault of Children and Adolescents (1978) expanded information about rape trauma syndrome as it pertains to children and adolescents.

Their findings show that like adults, young people may exhibit either an expressed or controlled reaction to the sexual abuse experience. More easily visible, the expressed reaction may include crying, verbalization of the experience, incoherent or rambling speech, and other signs of upset. The controlled reaction may range from only a slight change to the child's normal way of behaving to no noticeable sign to others around her/him.

Burgess and Holmstrom also noted that physical symptoms expressed by young victims may be similar to those expressed by adults. That is, the first few days and weeks after the abuse experience may be followed by a change in sleep habits (particularly nightmares or waking up frequently), lack of appetite, and soreness both specific to the area of abuse and generally in other parts of the body. In addition, children may also report stomach pains, and exhibit bed-wetting or other regressive behavior. Their thoughts may be filled by memories of the abuse to the point of distraction or lack of interest in other things. Most children and adolescents reported that they were afraid both at the time of the abuse and afterward, and fearful

reactions to both familiar and unfamiliar things may follow in the weeks or longer periods to come.

Long-term Effects

David Finkelhor, Ph.D. (Sexually Victimized Children, 1980) and others who have studied the effects of sexual abuse on children and adolescents have also noted the long-term effect of the abuse which may include:

- Depression or withdrawal;
- Low self-esteem;
- Feelings of isolation and loneliness;
- Lack of friends and support systems;
- Self-destructive patterns, including substance abuse, poor diet (anorexia nervous or overeating, especially)
- Suicidal efforts, perhaps leading to death;
- Selection of partners who are physically or sexually abusive to them or their children (primarily in the case of females);
- Overt behavior to others which is physically or sexually abusive (primarily in the case of males);
- Sexuality fears and dysfunction;
- Other fears

Educators should be aware that the effect of the abuse will be determined in part by the age of the child, the stability and self-image of the child before the abuse occurred, the number of incidences, the type of personal support system to help the child cope with the abuse, and the nature of the abuse itself. In addition, a child abused by someone they know, trust and/or depend upon for basic needs may be affected differently than a child abused by a stranger.

And, in the case of adolescents, the fact of "acquaintance rape" (that is, peer pressure or coercion by a person they are dating) may create a state of confusion, guilt and doubts about what has happened was her/his own fault.

DETECTING CHILD SEXUAL ABUSE

The indicators for each child's sexual abuse may vary with the age of the child and the child's emotional make-up. The following symptoms, however, are generally accepted indicators:

Children 6-12 years of age:

-Acting overly mature (sometimes saying she's "daddy's girlfriend");

-Seductive behavior (flirtatious, coy, etc);

-Receiving special favors (big wardrobes, extravagant toys, etc);

-Sudden sneaky, secretive behavior;

-Overtly sexual behavior (taking off clothes, rubbing his/her genitals in front of others, touching someone else's sexual areas);

-Separation from (or rejection from) peers (children this age should be able to name two or three friends);

-Afraid to go home.

Children 12 and older:

-"Fight or Flight Syndrome," either angry acting out or withdrawal towards others;

-Seductive behavior;

-Poor peer relationships;

-Alcohol or drug abuse;

-Reluctant or afraid to go home;

-Running away from home;

-Truancy from school.

In addition, the following symptoms present at any age may indicate child sexual abuse:

-Excessive anxiety (crying for no apparent reason, nervousness, depression);

-Mood swings;

-Regression (reverting back to childlish behavior)

-Aggressive behavior (irritability, anger, hostitility, defiance or authority, violence);

-Fear/dislike of being with someone ("I don't like going to his house," or "It hurts when he tickles me")

-Other indirect messages (especially complaints about parts of the body that a doctor finds medically ok);

-Abrupt changes in behavior (shifts in normal familiar attitudes and ways of doing things);

-Self-destructive behavior (self-mutilation, suicidal feelings or acts);

-Explicit sexuality (especially promiscuity, frequent sexual references in conversation, sexual terminology at inappropriate times);

-Learning problems;

-Behavioral problems at school (lack of concentration, lack of attendance, lack of interest);

-Medical symptoms (vaginal discharge in girls, redness or soreness, swelling around genitals, presence of sores or other signs of venereal disease).

INTERVENTION AND REPORTING

Most children respond to sensitive, direct questions about their sexual abuse experiences. If you have reason to believe that a child is being (or has been) abused;

-Take her/him to a private, quiet location;

-Make sure the interviewer is someone the child knows and trusts, if possible;

-Observe your school's protocol -- if only the principal, for instance, is to do the interview, try to not have others ask questions in advance (children are traumatized by having to tell the story over and over);

-Try to sit near the child;

-Explain to the child what is going to happen: "Debbie, we know that something has happened to you. We're going to help you, but we will have to ask you some questions . . ."

-Use words the child will understand, including words for parts of the body;

-Reassure the child that you believe her/him, that you are going to protect her/him, and that what happened was not her/his fault;

-Be relaxed and open to the child's emotions;

-Ask the child if she/he has any questions;

-Tell the child what is going to happen next.

Children and adolescents often have fears and worries about their bodies which they may be too embarrassed or afraid to mention. Children (especially if the abuse was painful) may worry that they are hurt. Adolescents, especially girls, worry about longer-term injury and pregnancy. It is a good idea to take the child to a physician who has been trained to examine sexually abused children. This will allow any injury or pregnancy to be determined, or, as in most cases, for the child to be assured that her/his body is all right.

In Washington state Child Protective Services (CPS), part of the State Department of Social and Health Services, is the agency where suspected child abuse and neglect is reported and investigated. CPS works in conjunction with local law enforcement for removal and temporary placement of the child (where this is necessary) and interrogation and arrest of the offender.

In many parts of this state now, children are allowed to remain at home with the family, and the suspected offender is asked to leave -- in cases where sexual abuse has occurred at home.

This new trend in CPS procedure has been important in reducing the guilt of self-blame felt by the child, as well as other traumatic after effects.

CPS should normally be called by the educator/school before parents are notified. CPS workers are skilled in talking with families as well as children.

Suspected offenders are usually encouraged by law enforcement to make a voluntary confession, in cases where the person is identified. This alleviates the need for the case to go through a court process and the child and family to experience added grief and trauma.

As the policy regarding the investigation, prosecution, and treatment of child sexual abuse cases may vary slightly from one town to another in Washington state, it is a good idea for local educators to become familiar with the people and processes in your own community.

THE FACTS ABOUT SEXUAL ABUSE

Statistically, one in four girls and one in seven boys will be sexually abused before they turn 18.

In 80% of these cases, the child is abused by someone she or he already knows -- a relative, a neighbor, a friend of the family, another person she or he sees often or occasionally.

With adolescents, dating and other social interaction may lead to the experience of "acquaintance rape." In this instance, the female is pressured or physically coerced by her date into petting or performing intercourse. Because the

experience happens in a social context, neither may view what has happened as abusive or a rape experience.

Studies show that 50-80% of all teenage girls in this country engaged in juvenile prostitution have been victims of incest or other repeated molestation. In many cases, the girl has run away from home and taken to the streets to escape abuse, only to be revictimized.

As many as 75% of the sex offenders interviewed in prison studies say that they were sexually abused as children.

More than 90% of the sex offenders we have record of are male.

The National Center on Child Abuse and Neglect estimates that at least 100,000 children are molested each year. Other experts feel the number is closer to 250,000.

Child molesters continue to offend until they are stopped. One Seattle therapist estimates that the average child molester will abuse 62 children before he dies or is stopped. These offenders continue their abuses into their later years.

THE ROOTS OF CHILD SEXUAL ABUSE: Implications for educators

Child molestation, rape and incest are old problems recently brought to light as public concerns. The sexual exploitation of children was raised by feminists involved in anti-rape work during the 1970's and linked to other forms of sexual violence. Because child victims, like their adult counterparts, are usually female,

the problem of child sexual abuse is viewed as one inherently associated with women's inequality and sex role differences.

Sociologist Kathleen Barry, author of Female Sexual Slavery, asserts that rape and sexual assault are the logical extentions of a sexist society. Even in instances where male children are the victims of sexual abuse, the chances that they will grow up to be offenders of this problem rather than repeat victims is much greater than for females.

Sexual violence is a problem passed on from one generation to another. The tendency to commit such acts of exploitation is learned and enacted in a cultural context that permits one sex to dominate, control, and misuse another. Females learn the reverse, that their bodies and lives are subject to exploitation and that the institutions and society around them will not protect them or punish their abusers.

These norms are reinforced daily in the visual and spoken messages around us -- in advertising, television programming, song lyrics, films, books, billboards, and periodicals. In labor markets that still pay women less than men. In religious traditions that require women to be subservient to their husbands. In family structures that grant the male head of household the right to control his wife and children. In legal traditions that define children and women as the property of their fathers and husbands.

Any efforts to end the sexual abuse of children must be an integral part of other work to reverse sex role stereotyping and sex discrimination. These efforts must focus on promoting respect and equality between males and females and between adults and children. Children's rights to privacy and freedom from abuse must be

codified into laws (where they do not now exist) and must form the basis of child protective agencies. Textbooks and classroom literature must be selected for their promotion of equality between the sexes and must be free from images of exploitation and abuse.

Health and safety programs in elementary and secondary schools must include information about sexual abuse laws, incidence, and local resources for help. Children in schools must be told early and continuously that they can tell someone if they are being abused, and that they will be protected and helped. Girls should be taught assertiveness and self-defense to enhance their tools for self-protection. School districts and local community agencies must interfact their efforts to identify abused children and offer treatment for victims as well as offenders.

A number of school districts in Washington state have already begun this essential work. The Tacoma School District, most notably, combines classroom education with follow-up therapy for identified children who have been abused. Other schools in Yakima, North Thurston, and the Seattle area are also involved in such efforts. The materials and teacher-training programs will serve as models for similar work for other districts across the state.

For additional information, contact:

Gene Canque Liddell, Program Supervisor
or
Eddy Tyree, Program Administrator
Office for Multiculture Equity Education
Olympia, Washington 98504
(206) 753-2560

SOURCES AND RESOURCES

Child Sexual Abuse, Washington State Department of Social and Health Services, 1982. Pamphlet.

Child Abuse: Guidelines for intervention by Educators, Bureau of Children's Services, Department of Social and Health Services, Revised 1982. Booklet.

Child Sexual Abuse: Prevention and Treatment, Clover Park and Tacoma School Districts, Tacoma, 1982. Workshop Packet.

Sexually Victimized Children, David Finkelhor, Free Press (Division of McMillan), 1979. Book.

Men Who Rape, A. Nicholas Groth, Plenum Press, New York, 1979. Book.

Defining Child Abuse, Jeanne M. Giovannoni and Rosina M. Becerra, McMillan Publishing Co., New York, 1979. Book.

Conspiracy of Silence: The Trauma of Incest, Sandra Butler, New Glide Publications, San Francisco, 1978. Book.

Female Sexual Slavery, Kathleen Barry, Prentice Hall, Inc., Englewood Cliffs, New Jersey, 1979. Book.

The Politics of Rape; The Victim's Perspective, Diana E.H. Russell, Stein and Day, New York, 1975. Book.

The Victim of Rape: Institutional Reactions, Lynda Lytle Holstrom and Ann Wolbert Burgess, John Wiley and Sons, New York, 1978. Book.

Sexual Assault of Children and Adolescents, Burgess, Groth, Holmstrom and Sgroi, Lexington Books, Lexington, Mass., 1978. Book.

"Killing Us Softly," (the image of women in advertising), film.

"Incest: The Victim Nobody Believes," a Gary Mitchell film.

Youth and Sexual Assault: Education and Diversion Program, Thurston County Rape Relief, Olympia, Washington, June 1979. Report.

Youth Sexual Assault Intervention Program, Final Report, Thurston County Rape Relief, Olympia, Washington, June 1981. Report.

P221L8.00

DR. FRANK B. BROUILLET
Superintendent of Public Instruction

Old Capitol Building FG-11 Olympia WA 98504

IPS/614/85